STATEMENT UND	ER 37 CFR 3.73(b)
Applicant/Patent Owner: VIVEK Y. REDDY, DAVID J. M	IILAN, JEREMY N. RUSKIN
Application No./Patent No.: Not Yet Assigned	Filed/Issue Date: Herewith
Entitled: ARRANGEMENTS AND METHODS FOR DETERMIN	NG OR TREATING CARDIAC ABNORMALI-TIES AND
General Hospital Corporation a non-prof	t organization ,
	ssignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:	
1. the assignee of the entire right, title, and interes	t; or
2. an assignee of less than the entire right, title an The extent (by, percentage) of its ownership into	d interest. erest is%
in the patent application/patent identified above by virt	
A. [ ] An assignment from the inventor(s) of the patent was recorded in the United States Patent and T which a copy thereof is attached.	t application/patent identified above. The assignment rademark Office at Reel, Frame, or for
OR	
B. [ ] A chain of title from the inventor(s), of the pater assignee as shown below:	t application/patent identified above, to the current
	_To:
	, or for which a copy thereof is attached.
2. From:	
The document was recorded in the United Reel, Frame	States Patent and Trademark Office at, or for which a copy thereof is attached.
3. From:	То:
The document was recorded in the United	
[ ] Additional documents in the chain of title a	re listed on a supplemental sheet.
	ent document or a true copy of the original document) dance with 37 CFR Part 3, if the assignment is to be
The undersigned (whose title is supplied below) is authorized	orized to act on behalf of the assignee.
7/28/03	
Date	Typed or printed name
	Irina Erenburgueth.D.
	Industry Agreement Manager

#### BAKER BOTTS ...

#### 35249 - 069225.0119 **Attorney Docket Number DECLARATION FOR UTILITY OR** VIVEK Y. REDDY **First Named Inventor** DESIGN PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Not Yet Assigned **Application Number** Herewith Filing Date Declaration Declaration Submitted after Initial Submitted OR Group Art Unit Not Yet Assigned Filing (surcharge with Initial (37 CFR 1.16 (e)) Filing Not Yet Assigned required) **Examiner Name** As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ARRANGEMENTS AND METHODS FOR DETERMINING OR TREATING CARDIAC ABNORMALITIES AND INCONSISTENCIES (Title of the Invention) the specification of which is attached hereto was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Priority Foreign Filing Date Certified Copy Attached? Number(s) Country (MM/DD/YYYY) **Not Claimed** YES NO Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

### DECLARATION — Utility or Design Patent Application

#### Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date		
·			

#### Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120

(complete this part only if this is a divisional, continuation or C-I-P application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior applications(s) and the national or PCT international filing date of this application:

Application Number	Filing Date	Status (patented, pending, abandoned)		
		· · · · · · · · · · · · · · · · · · ·		
	<u> </u>			

# **DECLARATION** — Utility or Design Patent Application

and a large minimum terms a green the many common and provide the common and the						
Direct all correspondence to: Customer Num or Bar Code La		03 OR 🔽	Correspondence address below			
Name						
Address						
City		State	ZIP			
Country To	elephone .		Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR :	A petition h	as been filed for this	s unsigned inventor			
Vivek, Y Given Name (first and middle [if any])		Reddy Family Name _or Surname				
Inventor's Signature			Date / 1 / 1 / 0 3			
Cambridge Residence: City	MA State	USA Country	USA Citizenship			
10 Museum Way, #623 Mailing Address		V				
Cambridge	МА	02141	USA			
NAME OF SECOND INVENTOR:	State	ZIP	Country			
David J.	A peulion has	been filed for this u	nsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature			Date 11 1 D3			
Boston	МА	USA	USA			
Residence: City	State	Country	Citizenship			
Mailing Address 394 Beecon St #3						
Boston	MA	02116	USA			
City	State	ZIP	Country			
Additional inventors are being named on thesu	pplemental Addition	nal inventor(s) sheet(s) P	TO/SB/02A attached hereto.			

Please type a plus sign (+) inside this box

	+
-	

### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

		-				
Name of Additional Joint Inventor, if a	any:		A petition has been file	d for t	his unsigned inventor	
Given Name (first and middle [if any])			Family Name or Sumame			
Jeremy N.	skin					
Inventor's Zeerang M. Tustle-Signature				"/4/03 Date		
Watertown Residence: City	MA State				USA Citizenship	
140 Spring Street Mailing Address					Onzonomp	
Mailing Address				_		
Watertown City	MA State		02472 ZIP C	ountr	JSA y	
Name of Additional Joint Inventor, if a	ny:		A petition has been filed			
Given Name (first and middle [if an	y])	$\Box$	Family Nam	e or S	umame	
Inventor's Signature					Date	
Residence: City	State Country				Citizenship	
Mailing Address				-		
Mailing Address						
City	State		ZIP	Cour	-t,	
Name of Additional Joint Inventor, if a			A petition has been filed for			
Given Name (first and middle [if any	))		Family Name or Surname			
Inventor's Signature Date						
Residence: City	<sup>-</sup> State	Country			Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	Co	intry	

Please type a plus sign (+) inside this box



### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	VIVEK Y. REDDY
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	35249 - 069225119

I hereby app	oint:	•		
Practition	oners at Customer Number	21003	$\neg$	Place Customer Number Bar Code
OR				Label here
Practitio	oner(s) named below:			
	Name		Registra	ation Number
			<u> </u>	
as my/our atto	orney(s) or agent(s) to prosec	cute the application i	dentified above,	, and to transact all
business in th	e United States Patent and	Trademark Office co	nnected therewi	th.
Please change	the correspondence addres	s for the above-iden	tified application	n to:
	e-mentioned Customer Numb			
OR				
Firm or				
Individual N	lame			
Address				
Address City			Ctata	Zip
Country			State	ZIP
Telephone			Fax	
			rax [	
I am the:	int/Inventor.			
	numventor.			
	ee of record of the entire inte			
Statem	ent under 37 CFR 3.73(b) is	enclosed. (Form P7	O/SB/96).	
	SIGNATURE of	f Applicant or Assign	ee of Record	
Name	General Hospital Corpora	ation		
Signature	hina Drenba	<b>-</b>	Ifina Ere	enburg, Ph.D.
Date	7/28/03	9		reement Managar
			or their representati	ive(s) are required. Submit multiple
*Total of 2	e signature is required, see below*.  forms are submitted.			<del></del>
I O(d) OI	ioinis are submitted.		-	